

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Peter Valentine McHugh JR.

**19 CV 9882**

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

New York City Police Department,  
Patricia Parisi, Sara Parisi  
Larry Caranagh, Brendon Casey  
Anthony Cameron

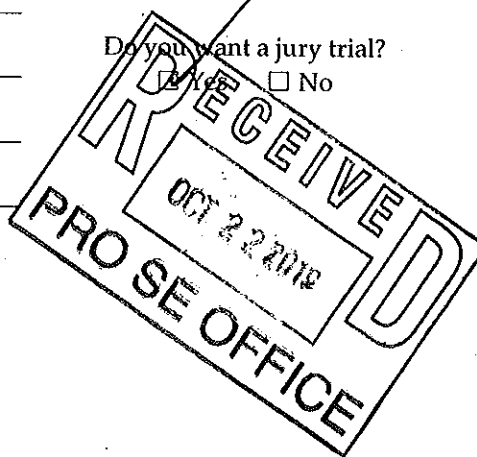
Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Peter V McHugh  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

5411901313 - 89T0861 - 04330808H  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

O BCC  
Current Place of Detention

16-00 HAZEN ST  
Institutional Address

East Elmhurst New York 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: Parole Violator

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Officer COOK ?  
 First Name Last Name Shield #  
 Police officer  
 Current Job Title (or other identifying information)  
 120<sup>th</sup> Percent  
 Current Work Address  
 Staten Island NY 10306  
 County, City State Zip Code

Defendant 2:

Officer Gagliano ?  
 First Name Last Name Shield #  
 Police officer  
 Current Job Title (or other identifying information)  
 120 percent  
 Current Work Address  
 Staten Island NY 10306  
 County, City State Zip Code

Defendant 3:

Patricia Parisi  
 First Name Last Name Shield #  
 Home aide  
 Current Job Title (or other identifying information)  
 78 Sparkill Ave  
 Current Work Address  
 Staten Island NY 10304  
 County, City State Zip Code

Defendant 4:

Larry Caravagh Teardrop  
 First Name Last Name Shield #  
 78 Sparkill Ave  
 Current Job Title (or other identifying information)  
 Staten Island NY.  
 Current Work Address  
 10304  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: <sup>(1)</sup> Staten Island Ferry Terminal <sup>(2)</sup> Hunter<sup>ST</sup> and Richmond<sup>rd</sup>

Date(s) of occurrence: Sept 8<sup>m</sup>, Sept 8<sup>m</sup>

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on said Dates i was Ambushed - Jumped - and Assaulted  
By Larry Cavanagh (Tear drop) He and Brendon Casey  
and Anthony Cameron, Split my skull open, Broke my ribs  
and Knee Cap.

Patricia Parisi paid these men to do the Hit on me  
Both times

Officer gagliardi and Cook covered the crime up  
Because they are related to the people who had me beat  
I told the officers what had happened to me, they did not  
care, i was taken to Richmond Hospital, where i told Doctors  
too. all fell upon deaf ears.

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Split Skull, where i recieved 3 Staples - 2 Broken Ribs  
Knee Cap - Shoulder Collar Bone - multiple Bruise cm  
Swollen of head - eyes, mouth, Nose.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

To Arrest and Prosecute the men who assaulted me  
1 million dollars in Compensation from NYPD  
and 50,000 From Patricia Parisi To Cover Medical  
Bills and Legal Bills.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

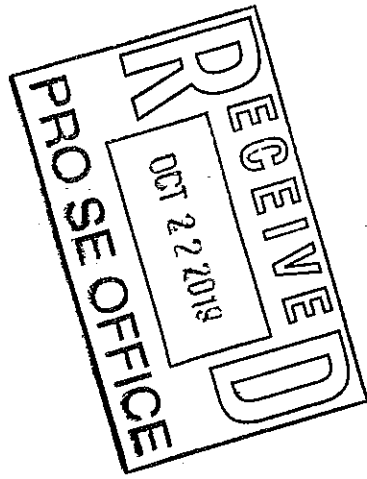
I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated _____		_____ Plaintiff's Signature	
Peter	V	McAugh	5411901313
First Name	Middle Initial	Last Name	
OBCCA 16-00 HAZEN ST.			
Prison Address			
East Elmhurst	N.Y.	11370	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

Peter McHugh 5411701312  
08cc 16-00 Hazen Street  
East Elmhurst N.Y. 11730



Pro se intake Unit  
500 Pearl Street  
New York, NY.

10007

USM  
STNY

